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ABSTRACT

Identity formation is a process in which successive identifications with parents, siblings, peers, teachers, folk heroes, and cultural groups are synthesized into a coherent, consistent, and unique whole. This study reports the case of a 13 year old female, Jane, of mixed Latino and European American heritage who was admitted for long-term inpatient psychiatric care. Jane resembled her European-American father but was raised by her Latino mother and her abusive stepfather. She repeatedly ran away from home, performed poorly in school, and associated with gangs. Jane's home life predisposed her to gang involvement and her adoption of a negative identity. She had no successful role models and did not have access to the positive, self-affirming aspects of her heritage, which in general have been shown to offset pressures toward deviancy. Recognizing the importance of culture in disorders like Jane's, clinicians assessed how issues of cultural identity were affecting Jane's developmental progress and these results were incorporated into a general treatment program. The inpatient multidisciplinary team attended to the evolution and integration of a positive self-view--which included attention to culturally transmitted systems of norms, meanings, and values central to identity formation--by helping Jane discover positive and empowering elements of her heritage. (RJM)

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Integration of Cultural Values in the Treatment of a Suicidal Adolescent

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Although identity consolidation is a life long process, adolescence is recognized as a developmental period in which identity issues, because of universal cognitive and physiologic changes, are dominant. Identity formation is described as a process in which successive identifications with parents, siblings, peers, teachers, folk heroes, and cultural groups are synthesized in to a coherent, consistent, and unique whole (Conger, 1978). This process is particularly difficult when the transmission of a coherent sense of cultural heritage and ethnic identity is absent (Gibbs, 1989). Culture, which is passed on from generation to generation, provides a system of beliefs and norms that guide communication patterns, affective styles, interpersonal relations, spirituality, and familial and societal roles (Bernal, et al, 1983; Betancourt & Lopez, 1993). Gibbs (1989) has argued that addressing the question "who am I?", which includes the fundamental beliefs conveyed by cultural identity, precedes the successful resolution of other aspects of identity formation including sexual identity, autonomy issues, establishing vocational and educational goals, and establishing a role in society.

This is the case of a 13 year old female of mixed Latino and European American heritage who was admitted for long term inpatient psychiatric care with a history of high risk self destructive behavior, including a suicide attempt. In addressing identity issues, the unfolding of a positive sense of cultural identity played a crucial role in the recovery of this young adolescent. The inpatient multidisciplinary team attended to the evolution and integration of a positive self view, which included cultural aspects of identity, by helping this teen to strengthen and discover positive and empowering elements of her heritage.

Cultural issues were evident from the time of Jane's initial presentation. With blond hair and fair skin, she strongly resembled her European American father but was raised primarily by her Latino mother and step father, who both had long standing difficulties with drug and alcohol dependence. Her step father was physically abusive toward Jane, her mother, and her two younger siblings. Family members reported that Jane, even as a young child, tried to keep her step father soothed so as to avoid his becoming aggressive. Just prior to entering early adolescence, Jane lived briefly with her father in Alaska, who fluctuated in his adherence to fundamentalist Christian beliefs. While Jane was in Alaska, her step father was killed in an auto accident.

After returning from Alaska, Jane became increasingly out of control. Though of above average intelligence, she was skipping school and failing her classes. She was experimenting with drugs and alcohol, was away from home overnight, identified with Latino gang affiliated youth, and refused adult limits. She made a suicide attempt by slashing her wrists and stated that perhaps such a gesture would lead her family to finally understand the painfulness of her situation. During a brief psychiatric hospitalization she became assaultive in family therapy, stating that her hopes for change within her family were not realized. After discharge, she ran away from home and was away for three months living with a Latino family in another city that she had met while she was "on the run".

Jane was ultimately picked up by police, taken to detention, and admitted for long term psychiatric care. She presented at the hospital with a defensive bravado

style. She talked at length about being in a gang and missing her home boys, who were the only people she could trust to understand and be loyal to her. She made apparently exaggerated claims of having shot over 100 people in drive by shootings and of having used outrageous amounts of marijuana and cocaine. She was estranged from her family and was struggling to clarify and integrate very disparate information about her identity and role.

Minority youth with the most dysfunctional families are most at risk for identifying with the devalued and deviant aspects of their heritage as is often manifest in gang culture (Belitz & Valdez, in press; Martinez-Garcia, 1987; Morales, 1992; Vigil, 1987). Predisposing factors to gang involvement include family violence, alcoholism in the family, child abuse, lack of empathic parenting, underprivileged class, and deprivation of nurturing (Morales, 1992). While many youth adopt gang culture, those actively involved in more dangerous and illegal gang activities tend to come from such neglectful and abusive families (Vigil, 1983). It has been argued that children from such families are struggling with feelings of overwhelming fear and helplessness that result from experiencing unpredictable violence at home as well as victimization in early unsupervised exposure to the streets (Belitz & Valdez, in press; Vigil, 1987).

Jane's life experiences closely match the aforementioned risk factors for gang involvement and the adoption of a negative identity: exposure to domestic violence and abuse, lack of nurturing associated with drug dependent parents, and early exposure to unsafe and unsupervised street settings. In addition, she had

nothing to mitigate her internalization of negative ethnic stereotypes. She had no successful role models and did not have access to the positive, self-affirming aspects of her heritage, which have been shown to offset pressures toward deviancy (Buriel, Calzada & Vasquez, 1982). Many youth face further disintegration in that they experience their rejection of parental models as rejection of the ethnic values held by their parents as well (Gibbs, 1989). The term "identity foreclosure" (Gibbs, 1989) describes the feelings of hopelessness regarding the successful formation of a positive sense of identity in these youth.

Gang involvement, which Jane strongly embraced at the time of hospital admission, reflected both positive and negative striving. Gang affiliation can replace the strong value placed on extended family ties often present in Latino culture (Vigil, 1988). For some, the gang provides an adaptive support in that a surrogate family provides affection, recognition, loyalty, and emotional and physical protection (Morales, 1992). Jane cited such positive support from her home boys including unquestioning loyalty and empathy, to which she had been unaccustomed in her own family. Gang membership can provide the cultural education missing at home and thus provides an avenue to address developmental issues of identity formation. Gang affiliation provides a sense of competency and purpose, a means to manage feelings of fear and vulnerability because of the protection a gang affords, a way to separate from family, access to a respected identity as a gang member, and even proscriptions regarding dress and appearance (Belitz & Valdez, in press; Vigil, 1983; Vigil, 1987).

However, gang involvement can also exact a cost and, in fact, delay age appropriate identity formation. This occurs when self identity is subsumed under the group identity. Thus, for some gang affiliated youth there is a moratorium on individual identity formation in which the gang takes over and dominates all aspects of identity. An additional cost is the continuation of high risk, self destructive behavior by some members that is driven by internalized feelings of self hate and inadequacy (Belitz & Valdez, in press; Vigil, 1987). These high risk behaviors have been described as "subintentional suicide" (Morales, 1992). Jane's presentation was consistent with these descriptions in that gang affiliation provided some adaptive sustenance but also supported her high risk behaviors and prevented development of a more positive, empowered sense of self.

Treating unmet mental health needs of gang involved youth is imperative to divert self destructive behavior (Belitz & Valdez, in press; Morales, 1992). There is an over representation of minority youth in juvenile correctional facilities, primarily because violence is assumed to be an inevitable correlate of gang involvement (Moore, 1987) and that such violent and hard core youth are not treatable (Morales, 1992). It is important for mental health professionals to look beyond the presentation of antisocial behaviors and to identify contributing symptoms of depression and dissociation.

For Jane, her high risk, dangerous and self destructive behaviors served to protect her from experiencing feelings of fear and anxiety. Aggression allowed her to gain some sense of retribution by hurting others in the way that she had been

hurt. The best prospect for therapeutic change for Jane involved resuming the developmental process of identity formation in a manner that would enhance positive growth. This involved addressing issues of cultural identity, a crucial aspect of both confusion and strength for Jane.

Tharp (1991) has argued that all disorders are culture specific and that all treatment interventions are culture specific. Thus, culture should be part of every evaluation and every treatment plan for each individual (Topper, 1992). In this manner, clinical services for everyone can be delivered in the context of culture (Tharp, 1991). However, delivering such individualized culturally sensitive treatment can appear complex and daunting. One difficulty in attaining culturally compatible treatment is balancing a universalist approach, in which everyone receives the same treatment, with a culturally specific approach, in which each culture, or even individual, receives a unique treatment (Tharp, 1991). Given that all disorders and treatments occur within a cultural context, the universalist approach neglects crucial treatment needs of minority and majority patients alike. The culturally specific approach requires an unrealistic, and likely disorganizing, degree of fluidity in mental health practitioners and in the structure of institutions.

The strategy in this case was to make use of our clinical assessment regarding how issues of cultural identity were affecting Jane's developmental progress. This assessment then guided the individualization of aspects of the general treatment program that were already in place. The strength of inpatient treatment lies not only in the formal psychotherapies, but also in a coordinated approach to

intervention by the entire treatment team. Thus, the degree of focus on cultural issues within each discipline can be determined as part of the overall treatment strategy.

In Jane's treatment, interventions designed by the special education discipline had the most detailed cultural adaptations (Brown, 1993). The curriculum included, for all students, exposure to Latino, primarily Mexican and New Mexican, Native American and African American heritage in holistic teaching blocks. For approximately eight weeks of Jane's four month stay, she was immersed in Hispanic music, folktales, social dance, literature, cooking, clothing, and history. She was also exposed to basic conversational Spanish. Each patient learned about, and tried their hand at, New Mexico folk art including retablos, which are paintings with religious themes, tin ware, and carving. The class read Bless Me, Ultima by Rudolfo A. Anaya (1972) which was selected to reflect the coming of age and identity issues common to Jane and many of her peers.

It has been argued that expanding cultural identity with emphasis on nonviolent and prosocial elements is a crucial component of the gang diversion process (Belitz & Valdez, 1993). Jane responded well to exposure to the positive aspects of her cultural heritage. She used this information to form the basis of a sense of respect for her heritage and gained a sense of historical continuity, thus countering the internalized feelings of ethnic worthlessness and inferiority. Jane gained access to personally relevant nonviolent cultural models that expanded her self definition beyond that of a gang member.

In addition, the educational interventions reengaged Jane in formal learning in a positive way. Jane responded with intense interest and involvement. She became a "star" pupil, was active in the classroom, and attempted to apply her expanded repertoire of culturally based meaning to all of her hospital activities. Thus, for Jane, exposure to cultural material was a crucial step in opening the door to the process of therapeutic change.

Jane participated in individual art therapy once per week throughout her hospitalization. The central theme of her work involved sifting through, trying on, and exploring what was valuable to her and what she valued in herself. Through work with collage, clay, drawing, and mask making in a safe, supportive environment, Jane explored feelings of vulnerability and fragility that had previously been intolerable to her. She created a spider figure representing herself as fearsome thus accessing the function of her bravado style. She was able to examine her attraction to gang involvement and made the connection to her search for family support and structure. She used blood as a symbol for family ties and attachments. Her art work showed evidence of movement away from gang identification. In creating a plaster mask of her face, she rejected her original plan to paint the mask in gang colors. Rather, she painted it in black and white symbolizing, in her words, "the light and dark in me and in everybody" thus showing initial synthesis of a multifaceted self view. She began to identify and express emotional needs and needs for safety in a more direct and self accepting manner.

Jane received individual psychotherapy twice weekly during her hospital stay. Similar to her use of art therapy, Jane was primarily focused on sorting through values. She explored her notions of family values and contrasted her experiences in her biological family with those in her gang "family". She examined what she had learned about relationships between men and women from her observations of her mother's involvement with abusive men. She gained access to her own individuation process apart from the equally overwhelming role demands placed by her family and by the gang.

In a safe environment, Jane was also able to address the painful feelings of fear and inadequacy that drove much of her out of control behavior. She became aware of the function that her self destructive behavior served in communicating feelings of hurt and anger to others, particularly to her mother for not protecting her from abuse or recognizing her needs. Jane's adoption of a "black sheep" role was explicitly discussed as the identity that seemed most accessible to her and that had best protected her in dangerous situations.

Jane had stated throughout her hospitalization that she did not want to return home. This changed toward the end of Jane's treatment, when her family decided to go on an overnight fishing trip, something that Jane remembered as a positive and comforting family tradition. Jane changed her stance and decided that she wanted to risk living with her family again. She was discharged, much improved, to her maternal grandmother's care after her mother enrolled in inpatient treatment for drug and alcohol abuse.

An important key in Jane's therapeutic headway was reestablishing age appropriate progress in developing a positive self enhancing identity. In inpatient treatment Jane gained access to a wider range of personally relevant nonviolent cultural norms and values. This changed her sense of who she was and who she could be, helping to avert "identity foreclosure". Devising a treatment plan that included attention to culturally transmitted systems of norms, meanings and values central to identity formation was crucial. This approach enlisted Jane in treatment and made treatment personally relevant to her struggle. This responsiveness to the ways in which cultural beliefs are intertwined with human development and the course of therapeutic change is crucial for all patients regardless of particular ethnic heritage.

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